

NOV 03 2008

PI  
91

Date:

Dear Friends at US Department of Agriculture,

I am writing to tell you what I think about the proposal to change WIC foods.

What I like most about the proposed changes is

More choices of food types that are culturally sensitive.

What I like least about the proposed changes is

Limit on Juice choices

Thank you for reading my comments.

Sincerely,

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Name:

Cheri Rutherford

Title:

Food Bank Organizer / Fosterparent Agency

Organization:

New Families Inc.

Date:

NOV 09 2006

PI

92

Dear Friends at US Department of Agriculture,

I am writing to tell you what I think about the proposal to change WIC foods.

What I like most about the proposed changes is

*Its time for the change!  
nutrition is important*

What I like least about the proposed changes is

Thank you for reading my comments.

Sincerely,

*Mary Anne Hughes*

Name: MARY ANNE HUGHES

Title: Exec Director

Organization: Community Party of SBC

Date:

10/16/06

NOV 03 2006

PT  
93

Dear Friends at US Department of Agriculture,

I am writing to tell you what I think about the proposal to change WIC foods.

What I like most about the proposed changes is

To add fruits & vegetables to low-income families.

What I like least about the proposed changes is

cutting anything out, like less cheese and milk

Thank you for reading my comments.

Sincerely,

Arden A. Bachman

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Name:

Arden Bachman

Title:

leader

Organization:

Helping Hands Party

PI  
94

Date: 10/16/06

Dear Friends at US Department of Agriculture,

I am writing to tell you what I think about the proposal to change WIC foods.

What I like most about the proposed changes is

- increasing the healthy options in the WIC packages
  - adding whole grains
  - adding low fat protein options
  - adding fresh produce
- increased variety & choice to accommodate difference in cultural foodways

What I like least about the proposed changes is

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Thank you for reading my comments.

Sincerely,

Brooke Johnson

Name: Brooke Johnson

Title: Director

Organization: Payaro Valley Loaves & Fishes

PI-98

MessageFrom: Kelsey Beck [KelseyB@fll.org]  
Sent: Thursday, October 12, 2006 5:41 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Patricia N. Daniels, Director  
Supplemental Food Programs, FNS/USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

As a representative of Food Lifeline, an America's Second Harvest affiliate serving Western Washington State, I am writing to support USDA's proposed WIC Food Packages Rule, which will:

- improve the health and nutritional quality of the foods in the program;
- expand cultural food options; and
- increase participants' choices.

I would like to thank USDA for updating the WIC food packages to reflect the Dietary Guidelines and current nutritional science and to consider special dietary needs, especially through the addition of:

- fruits and vegetables;
- whole grain bread;
- corn tortillas;
- whole grain rice and other whole grains;
- the option of soymilk and tofu; and
- moving to only low-fat milk and whole grain cereals.

To ensure that WIC participants can get the full value from the new WIC food packages, we support the following recommendations to strengthen the proposed rule:

- Expand and enhance the fruit and vegetable benefit.
- o Provide \$10 per month of fruits and vegetables for women and \$8 for children.
- o Allow recipients to choose which fruits and vegetables to purchase, without state restrictions.
- Remove the prescription requirement for soy milk and tofu.
- Keep proposed food package protections.
- Maximize access to farmers' markets by ensuring that the WIC food vendor requirements allow for the seasonality and limited item stocking of the markets.

In summary, we, at Food Lifeline, are excited and encouraged by the USDA's proposal and strongly endorse the need for the new WIC food packages. We urge USDA to move quickly to analyze the comments, make the necessary changes, and move forward with the process of bringing a new, healthier food package to the more than 8 million women, infants and children in the WIC program each month.

We appreciate the opportunity to share our support for the new WIC food packages, and thank you for considering our recommendations to make it even stronger.

Sincerely,

Kelsey Beck  
Public Policy Advocate  
Food Lifeline  
1702 NE 150th Street  
Shoreline, WA 98155  
206-545-6600, ext. 263

PI-102

email to wichq-sfpd 11-06-06 from Libby Albert [libby@dcyf.org]

November 3, 2006

Patricia N. Daniels  
3103 Park Center Drive, Room 528  
Alexandria, VA 22303  
RE: Docket ID Number 0584-AD77

Dear Ms. Daniels:

We are writing to you on behalf of the Shape Up San Francisco Coalition to give comments regarding the USDA's proposed new WIC food packages rule.

The Shape Up San Francisco Coalition is a group of representatives from San Francisco city departments, local businesses, community based organizations schools and health care. We are working to create healthy environments and fitness opportunities for our citizens and believe this new food package will support our agenda.

The WIC food package has not been updated for 30 years and since that time we have learned so much more about nutritional needs of pregnant women and young children. The new package is more in line with the dietary guidelines. We are very pleased to see the new package include fruits and vegetables, whole grain bread and tortillas, the addition of soy milk and tofu and the move to whole grain cereals and low fat dairy products and less emphasis on whole milk, cheese and eggs.

To ensure that WIC participants can get the full value from the healthy new WIC food packages we offer the following recommendations to strengthen the proposal:

- 1 Eliminate juice in the package and increase the amount of fruits and vegetables
- 2 Allow WIC participants to choose the kinds of fruits and vegetables they want.
- 3 Allow WIC participants to choose healthy and culturally appropriate cereal by revising the proposed cereal standard to include whole grain corn-based (i.e. corn flakes) rice (i.e. rice puffs) and bran (i.e. bran flakes) WIC cereals.
- 4 Remove the requirement for children to have a prescription for soy milk.
- 5 Maximize access to Farmers' Markets and the WIC Farmers' Market Nutrition Program for local seasonal fruits and vegetables.
- 6 Establish WIC state advisory councils of stakeholders to help support and inform the planning and implementation of the new food package.

Thank you for this opportunity to share my comments on the proposed WIC package.

Sincerely,

Libby Albert  
Christina Goette-Carpenter  
Staff , Shape UP SF Coalition



PI-103

From: Mulcahy, Maureen [mmulcahy@glcac.org]  
Sent: Monday, October 16, 2006 9:22 AM  
To: WICHQ-SFPD  
Cc: Rodriguez, Dilenia  
Subject: Docket ID Number 0584-AD 77 WIC Food Package Rule

I am sending this email in support of Agriculture Secretary Mike Johanns' and USDA's Food & Nutrition proposal today to update the food packages for the Special Supplemental Nutrition Program for Women, Infants and Children, known as WIC.

Since the WIC Program's inception in 1974 changes to the WIC food packages have been minimal. This proposal represents the most significant and meaningful changes ever proposed and ensures that the food packages will be consistent with the 2005 Dietary Guidelines for Americans and the current infant feeding practice guidelines of the American Academy of Pediatrics.

The proposed food packages will provide greater amounts of all of the priority nutrients currently identified as needed by the WIC population. They will supply a reliable and culturally acceptable source of supplemental nutritious foods as well as promote and support exclusive breastfeeding. Equally important, the proposals will provide WIC professionals with the necessary tools to reinforce the nutrition education messages and promote healthier food choices.

I support:

- adding fruits and vegetables to the food packages of women, infants and children while reducing the amount of fruit juice provided. Increased consumption of fruits and vegetables is associated with reduced risk for obesity and chronic diseases such as cancer, stroke, cardiovascular disease, and type 2 diabetes. Fruits and vegetables added to the diet also promote adequate intake of priority nutrients such as Vitamins A, C, folate, potassium and fiber.

I also support:

the quantities of dairy products and eggs offered in the proposed rule. These quantities meet the 2005 Dietary Guidelines for Americans. We agree that alternative calcium sources such as soy beverage (soy milk) and tofu are necessary additions to the food packages to address milk protein allergy, lactose maldigestion, personal preferences, and cultural diversity of the WIC population.

a.. the whole grain requirement for cereals and the introduction of whole grain bread and other whole grains such as corn tortillas and brown rice. Whole grain consumption is associated with 1). reducing the risk of coronary heart disease, type 2 diabetes, digestive system and hormone-related cancers, 2). assisting in maintaining a healthy weight, and 3). increasing the intake of dietary fiber.

I urge publication of a final rule by the spring of 2007 to assure timely implementation of the rule's invaluable changes.

Maureen O'Neill Mulcahy

Director of Planning & Program Development

Greater Lawrence Community Action Council, Inc.

305 Essex Street

Lawrence, MA 01840

Tel. 978 681-4900 ext 405

Fax 978 681-4949

email: [mmulcahy@glcac.org](mailto:mmulcahy@glcac.org)

**PI-109**

From: jccooke@suddenlink.net  
Sent: Thursday, October 26, 2006 6:14 PM  
To: WICHQ-SFPD  
Cc: jccooke@suddenlink.net  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels,

I am writing to you as an Episcopal Priest who for many years has dealt with people of limited means, many of whom have been women with infants and young children. WIC has been there for them and for the more than 200,000 in my state of North Carolina.

I understand that changes have been proposed to the WIC food packages which seem reasonable, sound and of common sense. Please add my support for these changes, as well as my encouragement for you to disregard the naysayers and do all that you can to implement the proposed changes.

Sincerely,

James C. Cooke  
201 Beth Street  
Greenville, NC 27858

**PI-118**

From: PlayforGod@msn.com  
Sent: Friday, October 27, 2006 5:03 PM  
To: WICHQ-SFPD  
Cc: PlayforGod@msn.com  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels,

Aes Episcopal priests, we want to thank USDA/FNS for your efforts to bring the WIC food packages into alignment with the 2005 US Dietary Guidelines and other authoritative nutritional recommendations, including those of the American Academy of Pediatrics. These reforms will allow WIC to meet better the needs of its culturally diverse population. We hope the new rules will be in place by the spring of 2007.

Sincerely,

The Revs. Judith & Arthur Stevens  
904B West Victoria  
Santa Barbara, CA 93101

**PI-122**

**email to wichq-sfpd 11-06-06 from Sophie Milam [smilam@bread.org]**

November 6, 2006

Patricia N. Daniels  
WIC Director, FNS/USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302  
RE: Docket ID Number 0584-AD77

Dear Ms. Daniels:

I am writing to express Bread for the World's support for the new WIC food packages rule for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC). The proposed changes are welcome and overdue.

As nutritional science has advanced over the years since WIC food packages were last revised, we have gained a better understanding of the components of an adequate, nutritious diet and the implications of nutrition for long-term health. WIC is unique among federal nutrition programs in that it specifically targets infants and children, for whom good nutrition is an essential component of physical and cognitive development. Good nutrition also translates into better health: several studies have estimated that for every dollar spent on prenatal WIC services, up to \$3 are saved in Medicaid costs.

The proposed changes update WIC with a modern understanding of nutrition. They are grounded in the scientific assessment of nutrient intake among WIC participants (pre- and post-natal mothers, as well as infants and children) undertaken by the Institute of Medicine, helping to remedy specific areas of nutrient deficiency, specifically for breast-feeding mothers. The changes also help WIC comply with USDA's Dietary Guidelines for Americans by adding fruits, vegetables, and whole grains to the packages. Finally, the proposed changes respond to requests by WIC participants and stakeholders, including Bread for the World, for more variety and greater choice in food packages by taking into account culturally diverse foods and soy/tofu alternatives. For these reasons, Bread for the World supports the proposed rule changing the WIC food packages.

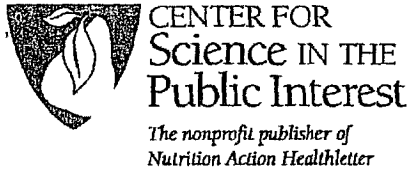
Unfortunately, the proposed rule reduces or eliminates certain changes suggested by the Institute of Medicine (IOM) due to cost neutrality requirements. Specifically, the rule proposes \$2 less per month than recommended by the IOM for fruit and vegetable purchases. While including fruits and vegetables in the WIC food packages is itself an important step, we would have liked to see IOM's recommendation fully implemented.

Bread for the World will continue to push Congress for sufficient funding for WIC to enable participants to receive a robust fruit and vegetable voucher. In addition, the rule also eliminates IOM's recommendation to allow low-fat yogurt to be substituted for milk, citing higher prices. Eliminating this recommendation reduces the flexibility of WIC participants to choose alternative and culturally-diverse foods.

The proposed rule provides the opportunity for a major step forward in the nutrition of the WIC population, and USDA is to be commended for its efforts. Bread for the World supports the proposed rule change, and I hope you will take our recommendations into account. Additionally, I urge publication of a final rule by spring 2007 to assure timely implementation of the rule changes.

Sincerely,

David Beckmann  
President



PT-123

November 6, 2006

Patricia N. Daniels  
Director  
Supplemental Food Programs Division  
Food and Nutrition Service, U.S. Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The Center for Science in the Public Interest, a national health advocacy organization specializing in food and nutrition policy, strongly supports the WIC Food Packages Proposed Rule. We applaud the U.S. Department of Agriculture (USDA) for the excellent job it is doing to update and strengthen the WIC food packages to better align them with the *Dietary Guidelines for Americans 2005*<sup>1</sup> and the American Academy of Pediatrics' infant feeding recommendations to better address current nutritional concerns for WIC participants. As USDA finalizes the regulations, please consider the following suggestions to further strengthen the final rule.

1. **Fruits and Vegetables.** One of the most important improvements proposed for the WIC food packages is the addition of more fruits and vegetables, including the addition of infant food fruits and vegetables for 6- to 11-month-olds. We strongly encourage USDA to adhere to the recommendations of the Institute of Medicine's (IOM) Report, *WIC Food Packages: Time for a Change*, and provide WIC mothers and children with the full cash-value voucher amount (\$10/month and \$8/month) for fruits and vegetables.

WIC families – and over 75% of all Americans – consume less than half of the fruits and vegetables recommended in the *Dietary Guidelines*. Given the nutritional importance of increasing fruit and vegetable consumption, this vulnerable population should be given the full benefit recommended by the IOM. The IOM estimated that the \$10 and \$8 per month vouchers would help mothers and children obtain at least one additional serving of fruit or vegetable each day.

In the Proposed Rule, USDA requests suggestions of “alternative ways to achieve cost neutrality within the context of the overall IOM recommendations.” One possible way to pay for restoring the fruit and

vegetable vouchers to the amounts recommended by IOM is to further reduce the quantities of cheese and eggs. Since protein is no longer a nutrient of concern, eggs are no longer a necessary component of the food packages. Cheese also is not nutritionally necessary in the food packages, because recipients receive calcium through fluid milk, soy-based beverages, and calcium-set tofu. If USDA intends to decrease the quantities of foods in the packages from the IOM recommendations (due to cost constraints), it makes more sense to reduce the quantities of cheese and eggs rather fruits and vegetables.

Also, we recommend that the final rule require that the value of the fruit and vegetable benefit regularly receive cost of living adjustments (COLA); the cost of living adjustment should not be optional as proposed. Without an annual cost of living adjustment, the fruit and vegetable vouchers will continually decrease in value as inflation increases. As a result, the vouchers will buy smaller amounts of fruit and vegetables over time, resulting in participants receiving fewer fruits and vegetables than recommended by IOM.

We support allowing fruit and vegetable vouchers to be used to buy fresh, canned, frozen, and dried fruits and vegetables to provide maximum choice and variety for WIC participants.

In addition, we recommend limiting sodium in canned or frozen vegetables to no more than 480 mg per serving (the disqualifying level for the Food and Drug Administration's [FDA] "healthy" claim). Although canned vegetables contribute little to Americans' sodium intake (overall vegetables contribute less than 1% of average sodium intake),<sup>2</sup> limiting sodium consumption is an important recommendation in the *Dietary Guidelines*.

We support the restrictions on added sugars, starches, or salt in infant food in the proposed rule.

We suggest that WIC state agencies require small vendors to provide more than just two varieties each of fruits and vegetables. Each vendor should be required to carry a wide selection of fruits and vegetables. The addition of fruits and vegetables to the WIC Food Packages has the potential to increase participants' access to fruits and vegetables. For example, in the Calaveras County WIC Fruit and Vegetable Project, Mom and Pop stores actually increased the variety of fruits and vegetables available for sale as a result of the WIC fruit and vegetable voucher.

- II. **Juice.** We strongly support the proposed rule on elimination of fruit juice for infants and decreases in the quantity of juice for children and



women in the food packages. Pediatricians have been concerned about over-consumption of fruit juice by infants and young children.<sup>3</sup>

- III. **Whole grains.** We strongly support the emphasis on whole grains in the revised food packages. Those changes will help WIC participants to consume more whole grains as recommended by the *Dietary Guidelines*.

Ideally, the WIC food packages would include only grains that are 100% whole grain (i.e., 100% of grain in each product would be whole grain). However, to broaden the range of products available to WIC participants, it is reasonable to allow cereals that contain more whole than refined grains (i.e., at least 51% of grains are whole grains).

We recommend that USDA replace its proposed definition of whole grains and replace it with one based on the definition from the HealthierUS School Challenge. We recommend that whole grain WIC cereals and bread meet one of the following standards:

- For bread, the product must be whole grain according to a Standard of Identity;
- The ingredient statement on the label must list a whole grain as the first ingredient;
- Where the first listed ingredient is not identified clearly as a whole grain (for example, the first ingredient is “corn”), documentation must be obtained from the manufacturer that the first listed grain ingredient is whole grain;
- If the first listed ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together comprise at least 51% of the weight of the product; for such products, documentation must be obtained from the manufacturer; or
- If the label carries the whole grain health claim (“diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may help reduce the risk of heart disease and certain cancers”) on its product label, no further documentation is required.

We do not support adding a minimum whole grain requirement of 8 grams per serving. That standard allows for significantly lower whole grain content than the standard of “51% weight from whole grain” for all but a handful of types of grains, as shown in Table 1. For example, if a cereal weighing 20 to 42 grams per cup has only 8 grams of whole grain per serving, it could provide only 27% whole grain, which means that the majority of the grains (63%) would be refined grains. That amount is well below what is recommended in the *Dietary Guidelines*.

Table 1  
Whole Grain Content of Cereals

Cereal Category	Reference Amount	% of Cereal That Would Be Whole Grain under 8-Gram Standard
Hot Cereals	40 g plain dry cereal; 55 g flavored, sweetened dry cereal	15-20%
Cereals Weighing 20-42 g per Cup, e.g. High Fiber Cereals	30 g	27%
Cereals Weighing <20 g per Cup, e.g. Puffed Cereals	15 g	53%
Cereals Weighing 43 g or more per cup, e.g. Biscuit Types	55 g	15%

Also, we support retaining the proposed limit on sugars in WIC cereals. However, to bring this standard more closely in line with the *Dietary Guidelines*, we recommend specifying the limited sugars as added sugars and changing the standard to the following: “not more than 21.2 grams of sucrose and other *added* sugars per 100 grams of dry cereal (6 grams per ounce).” The *Dietary Guidelines* recommend decreased intake of foods and beverages high in added sugars. In addition, we recommend that USDA work with the Food and Drug Administration to include information regarding added sugars on packaged food labels.

Even with USDA’s proposed limit on sugars and the definition for whole grains proposed above, there will be numerous cereal options available to WIC participants. In October 2006, we visited one large grocery store (Safeway) in Washington, D.C. and found 95 cereals for sale that met both the whole grains definition above and USDA’s proposed limit on sugars. These recommended criteria also will provide an incentive for companies to introduce new products and reformulate existing products, which would make it easier for WIC participants to increase their intake of whole grains and decrease their intake of added sugars, as recommended in the *Dietary Guidelines*.

These recommendations are important because whole-grain intake is of particular concern among the WIC-eligible population. Among low-income individuals, intakes of whole grains are 40% lower than the intakes of individuals with high incomes and levels of education.<sup>4</sup>

Consumption of whole grains is associated with lower risk of type 2 diabetes,<sup>5</sup> coronary heart disease,<sup>6</sup> ischemic stroke,<sup>7</sup> and weight gain.<sup>8,9</sup> Whole grains contain fiber, antioxidants, and the components of antioxidant enzymes, such as selenium, copper, and manganese, that may help to prevent disease.

We support allowing soft corn or whole wheat tortillas as an alternative to whole grain bread. However, allowing only tortillas with no added fat or oils is too restrictive. We recommend allowing tortillas that are low in saturated fat and contain less than 0.5 g of trans fat per serving.

- IV. **Milk.** We strongly support the proposal to bring the quantity of milk in the WIC food packages in line with the *Dietary Guidelines*. It has not made sense for the WIC food packages to provide more milk than is recommended. In addition, we support the removal of whole milk from the food packages for children ages 2 to 4 years (some recipients of Food Package IV) and women (Food Packages V, VI, and VII). However, USDA should not allow 2% milk in these food packages. USDA should require that all milk in the food packages for children ages 2 to 4 years and women be low-fat (1%) or fat-free (skim).

The *Dietary Guidelines* recommend consumption of 1% or fat-free milk. Since milk is a staple in the diet, the saturated fat content from 2% milk can add up; three cups of 2% milk provide 9 grams of saturated fat, which is almost half the Daily Value for saturated fat. Milk is the number one source of saturated fat in children's diets<sup>10</sup> and the third largest source in adults' diets.<sup>2</sup> One-percent and fat-free milk provide all the nutritional benefits of milk, without extra saturated fat, which few Americans can afford in their diets.

- V. **Cheese.** We strongly support the proposed rule regarding reducing the quantities of cheese in the food packages to bring them into line with the recommendations in the *Dietary Guidelines* for decreasing saturated fat and cholesterol intake. To further help WIC participants limit their saturated fat intake, we urge USDA to require all cheese offered in the food packages to be light, reduced-fat, or low in fat to be consistent with the recommendation in the *Dietary Guidelines* to select milk products that are low fat or fat free. While osteoporosis is a significant public health problem, heart disease is the leading cause of death for American women (and men).<sup>11</sup> Cheese is the leading source of saturated fat in the diets of American adults<sup>2</sup> and the second largest source in children's diets.<sup>10</sup>

- VI. **Dairy substitutes.** We support the proposed rule regarding allowing soy-based beverages and calcium-set tofu as substitutes for milk in Food Package IV, V, VI, and VII. However, we recommend that USDA remove

the medical documentation requirement for children to receive soy beverages in Package IV. The medical documentation requirement unnecessarily restricts access to these dietary options, especially for low-income families who have limited access to medical care. In addition, medical documentation is irrelevant for women who prefer not to have their child consume dairy products for cultural, religious, or other non-medical reasons. By allowing children better access to calcium-fortified soy products as a substitute for milk, the USDA could help to ensure adequate calcium intake during formative years for children with milk allergies or cultural or religious preferences.

In addition, we recommend that USDA establish an alternative minimum nutrient standard for soy beverages. Currently, there are no calcium-fortified soy beverages in the marketplace that meet the proposed nutrient standard of 8 grams of protein and 349 milligrams of potassium per 8 ounce serving. We recommend that USDA follow FDA's and industry's standards for protein (6.25 grams per 8 ounce serving) and potassium (250 milligrams per serving) for calcium-fortified soy beverages. Since protein is no longer a priority nutrient for WIC and the addition of fruits and vegetables contribute to the food packages' potassium content, these adjusted specifications should not negatively affect the nutritional status of participants.

Also, we recommend that USDA clarify that for tofu there is no limit on naturally occurring fat. The type of fat that is found naturally in tofu is heart healthy.

- VII. **Eggs.** We strongly support the proposed rule on reducing the quantities of eggs in the WIC food packages to bring them in line with the recommendations in the *Dietary Guidelines* for decreasing cholesterol and saturated fat intake. Eggs are the single largest source of cholesterol in the diets of both adults<sup>2</sup> and children.<sup>10</sup> In addition, reducing the quantity of eggs in the food packages makes sense since protein is no longer a nutrient of concern for WIC participants.
- VIII. **Breastfeeding.** We strongly support USDA's proposed revisions to the WIC food packages to provide greater incentive for breastfeeding. According to the USDA, breastfeeding is associated with decreased incidence of lower respiratory infection, otitis media, diarrhea, bacterial meningitis, necrotizing enterocolitis, and urinary tract infection and it may enhance cognitive development.<sup>12</sup> In addition, higher breastfeeding rates among WIC participants would likely decrease the costs of providing infant formula through the WIC Program. In 1993, the General Accounting Office (now known as the Government Accountability Office) estimated that a 10-percent increase in breastfeeding rates within the WIC Program would yield \$408,000 in annual savings.<sup>13</sup>

IX. **Cultural and taste preferences.** We support the proposed rule's inclusion of a greater variety of options throughout the food packages to promote greater acceptability of WIC foods by participants. As mentioned above, we support allowing the substitution of whole grain tortillas for bread and calcium-fortified soy beverages or tofu for milk. We also support the option of substituting canned beans for dry beans in Food Packages III, IV, V, VI and VII and canned salmon or sardines for light tuna in Food Package VII.

X. **Future re-evaluation of the food packages.** To help ensure future updates of the WIC food packages, we strongly recommend that the final rule include a commitment by USDA that the Secretary shall contract with the National Academies' Institute of Medicine every 10 years to re-evaluate the supplemental foods available in the program and update the food packages as necessary to bring them into alignment with current public health concerns and nutrition science and address the diverse cultures the program serves.

Overall, we strongly support USDA's proposed rule for updating the WIC food packages. The proposed changes will better support WIC participants' efforts to eat healthfully and comply with the *Dietary Guidelines*. We urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

Sincerely,

Margo G. Wootan, D.Sc.  
Director, Nutrition Policy

Joy Johanson, M.P.H.  
Senior Policy Associate

## References

- <sup>1</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans, 2005*. 6<sup>th</sup> Edition, Washington, D.C.: U.S. Government Printing Office, January, 2005.
- <sup>2</sup> Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.
- <sup>3</sup> Committee on Nutrition, American Academy of Pediatrics. "The Use and Misuse of Fruit Juice in Pediatrics." *Pediatrics* 2001, vol. 107, pp. 1210-1213.
- <sup>4</sup> Putnam J, Allshouse J, and Kantor L. "U.S. per Capita Food Supply Trends: More Calories, Refined Carbohydrates, and Fats." *FoodReview* 2002, vol. 25, pp. 2-15.
- <sup>5</sup> Fung T, Hu F, Pereira M, Liu S, Stampfer M, Colditz G, and Willett W. "Whole-Grain Intake and the Risk of Type 2 Diabetes: a Prospective Study in Men." *American Journal of Clinical Nutrition* 2002, vol. 76, pp. 535-540.
- <sup>6</sup> Liu S, Stampfer M, Hu F, Giovannucci E, Rimm E, Manson J, Hennekens C, and Willett W. "Whole-Grain Consumption and Risk of Coronary Heart Disease: Results from the Nurses' Health Study." *American Journal of Clinical Nutrition* 1999, vol. 70, pp. 412-19.
- <sup>7</sup> Liu S, Manson J, Stampfer M, Rexrode K, Hu F, Rimm E, and Willett W. "Whole Grain Consumption and Risk of Ischemic Stroke in Women." *Journal of the American Medical Association* 2000, vol. 284, pp. 1534-1540.
- <sup>8</sup> Ludwig D, Pereira M, Kroenke C, Hilner J, Van Horn L, Slattery M, and Jacobs D. "Dietary Fiber, Weight Gain, and Cardiovascular Disease Risk Factors in Young Adults." *Journal of the American Medical Association* 1999, vol. 282, pp. 1539-1546.
- <sup>9</sup> Liu S, Willett W, Manson J, Hu F, Rosner B, and Colditz G. "Relation between Changes in Intakes of Dietary Fiber and Grain Products and Changes in Weight and Development of Obesity among Middle-Aged Women." *The American Journal of Clinical Nutrition* 2003, vol. 78, pp. 920-927.
- <sup>10</sup> Subar A, Krebs-Smith S, Cook A, Kahle L. "Dietary Sources of Nutrients among U.S. Children, 1989-1991." *Pediatrics* 1998, vol. 102, pp. 913-923.
- <sup>11</sup> American Heart Association (AHA). *Heart Disease and Stroke Statistics -- 2003 Update*. Dallas, TX: AHA, 2002.
- <sup>12</sup> Weiner J. Food and Rural Economics Division, Economic Research Service, USDA. *The Economic Benefits of Breastfeeding: A Review and Analysis*. Washington, D.C.: USDA, 2001.
- <sup>13</sup> U.S. General Accounting Office (GAO). *Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased*. Washington, D.C.: GAO, 1993.

PI-125

email to wichq-sfpd 11-06-06 from Debbie Weinstein [DWeinstein@chn.org]



## COALITION ON HUMAN NEEDS

1120 Connecticut Avenue, NW · Suite 910 · Washington, DC 20036  
<http://www.chn.org>

Ms. Patricia N. Daniels  
WIC Director, FNS/USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302  
RE: Docket ID Number 0584-AD77

November 6, 2006

Dear Ms. Daniels:

I am writing on behalf of the Coalition on Human Needs (CHN) in support of the U.S. Department of Agriculture's new proposed rule improving the WIC food packages. The Coalition on Human Needs is a national private, nonprofit alliance of religious organizations, service providers, policy experts, labor, civil rights, and other advocates concerned about the federal role in meeting the needs of low-income people. CHN is based in Washington, DC. We believe that mothers, infants, and young children will make nutritional and health gains because USDA's new packages are based on scientific recommendations, including those of the 2005 Institute of Medicine of the National Academies, the Dietary Guidelines, and the American Academy of Pediatrics. The addition of fruits, vegetables, whole grain bread and cereals, corn tortillas, canned beans, and brown rice, with the option of soy milk and tofu, will all contribute to healthier children and mothers. We also support the decision to reduce the amount of fruit juice in the package.

Our support for these changes is based on two main considerations: (1) what is best for the health of low-income children and their mothers; and (2) how to maximize convenience and respect cultural preferences, to increase the likelihood that families are able to make healthy choices. With these criteria in mind, we respectfully suggest there are a few improvements that can be made to the WIC food packages that will further strengthen the proposed rule.

**Please increase the fruit and vegetables benefit by \$2 per month for all WIC participants.** As you know, the Institute of Medicine (IOM) initially proposed \$8 per month for children and \$10 per month for women, but the proposed rule includes only \$6 and \$8. The health benefits from fruits' and vegetables' nutritive value can only be achieved if the amount recommended by the IOM is accepted. We urge an inflation adjustment as well, so that the buying power of the benefit does not quickly erode.

**Please allow children to receive soy milk without a medical prescription.** We are mindful of the fact that cow's milk offers nutritional value that makes it advantageous for many children. Nevertheless, requiring a prescription will be inconvenient for many families, making it less likely that they will be able to provide the best alternative for their lactose-intolerant or allergic children. Three-quarters of African Americans, Native Americans, and Mexican Americans suffer from lactose intolerance, and are disproportionately likely to have incomes low enough to qualify for WIC. Further, 90 percent of Asian Americans are lactose-intolerant. With such widespread prevalence, we believe requiring a prescription is an unnecessary burden.

**Please maximize choice of whole grain cereals to address cultural preferences and allergies.** We urge you to revisit the proposed cereal standard to move to including whole grain rice (such as puffed rice), corn (such as corn flakes), and bran cereals. More choice of whole grain cereals will allow people with allergies to find healthy alternatives. In addition, it is important to take cultural preferences into account (for example, many of the 2.5 million Latino mothers and children participating in WIC prefer corn cereals), to increase the likelihood that families will take advantage of new healthier foods. We strongly support USDA's retention of the limit on sugar and the iron requirement in cereals.

**Please provide both breastfeeding supports and a can of infant formula during the first month for nursing mothers who may require the supplement of formula.** We recognize that it is vital for nursing to be well-established in the first weeks after a baby's birth, and support encouragements such as counseling and breast pumps for mothers who wish to breastfeed. Still, it is important to recognize that low-income women, who may have no choice but to return to work rapidly after childbirth, may not have storage facilities in their place of work to allow them to save enough breast milk to make up their infant's whole diet. Even if they use a pump during breaks at work to keep up their ability to produce milk, mothers may not be able to save their milk for their child's use. In such cases, or if the mother is having difficulty producing enough milk, a can of formula would be an essential supplement. The current proposal only provides formula if the mother chooses not to nurse at the outset. With counseling, mothers should be encouraged to breastfeed as much as they are able. But, adhering to our dual criteria of health and convenience, mothers should be able to have formula on hand if it is needed. We believe that this approach will increase the number of mothers who at least partially breastfeed, and it should be implemented as quickly as practicable.

Provisions in the proposed rule to include farmers' markets as WIC vendors will help to make the new fruit and vegetable benefit more accessible. To streamline the process,



farmers' markets that already meet the farmers' market or WIC Farmers' Market Nutrition program standards should be eligible as vendors, even if they are not open all year long and do not stock the full WIC package. We also hope that USDA plans and monitors implementation of the new food packages through advisory councils that include WIC participants and representatives of community-based organizations.

With about half of all infants in the U.S. participating in WIC, we believe that the new nutritional package will be of great benefit, and even more so with the modest improvements listed here. We urge you to release the final rule by the spring of 2007, to allow the benefits to reach mothers, infants, and children as quickly as possible.

Thank you very much for the major improvements included in the proposed WIC food packages, and for the opportunity to provide comments. If you should have any questions, please do not hesitate to contact me at (202) 223-2532 x31, or by email, at [dweinstein@chn.org](mailto:dweinstein@chn.org).

Sincerely yours,

A handwritten signature in black ink, appearing to read "Deborah Weinstein", with a long, sweeping horizontal line extending to the right.

Deborah Weinstein  
Executive Director

PI-126

email 11-06-06 to wichq-sfpd from John Weidman [jweidman@thefoodtrust.org]

John Weidman  
Deputy Executive Director  
The Food Trust  
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Building Strong Communities Through Healthy Food

Patricia N. Daniels  
Director  
Supplemental Food Programs Division  
Food and Nutrition Service, U.S. Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Rule

Dear Ms. Daniels:

The Food Trust strongly supports the WIC Food Packages Proposed Rule. We applaud the U.S. Department of Agriculture (USDA) for the excellent job it is doing to update and strengthen the WIC food packages to better align them with the *Dietary Guidelines for Americans 2005*<sup>1</sup> and the American Academy of Pediatrics' infant feeding recommendations and to better address current nutritional concerns for WIC participants. The proposed rule will improve the diets of women and children as well as have a positive impact on the environment, leading to healthier food options in low-income communities.

As USDA finalizes the regulations, please consider the following suggestions to further strengthen the final rule.

**Fruits and Vegetables.** One of the most important improvements proposed for the WIC food packages is the addition of more fruits and vegetables, including the addition of infant food fruits and vegetables for 6- to 11-month-olds. We strongly encourage USDA to adhere to the recommendations of the Institute of Medicine's (IOM) Report, *WIC Food Packages: Time for a Change*, and provide WIC mothers and children with the full cash-value voucher amount (\$10/month and \$8/month) for fruits and vegetables.

WIC families – and over 75% of all Americans – consume less than half of the fruits and vegetables recommended in the *Dietary Guidelines*. Given the nutritional importance of increasing fruit and vegetable consumption, this vulnerable population should be given the full benefit recommended by the IOM. The IOM estimated that the \$10 and \$8/month vouchers would help mothers and children obtain at least one additional serving of fruit or

vegetable each day.

Also, we recommend that the final rule require that the value of the fruit and vegetable benefit regularly receive cost of living adjustments (COLA); the cost of living adjustment should not be optional as proposed. Without an annual cost of living adjustment, the fruit and vegetable vouchers will continually decrease in value as inflation increases. As a result, the vouchers will buy smaller amounts of fruit and vegetables over time, resulting in participants receiving fewer fruits and vegetables than recommended by IOM.

We support allowing fruit and vegetable vouchers to be used to buy fresh, canned, frozen, and dried fruits and vegetables to provide maximum choice and variety for WIC participants.

In addition, we recommend limiting sodium in canned or frozen vegetables to no more than 480 mg per serving (the disqualifying level for the Food and Drug Administration's [FDA] "healthy" claim). Though canned vegetables contribute little to Americans' sodium intake (overall vegetables contribute less than 1% of average sodium intake),<sup>2</sup> limiting sodium consumption is an important recommendation in the *Dietary Guidelines*.

We support the restrictions on added sugars, starches, or salt in infant food in the proposed rule.

We suggest that WIC state agencies require small vendors to provide more than just two varieties each of fruits and vegetables. Each vendor should be required to carry a wide selection of fruits and vegetables. The addition of fruits and vegetables to the WIC Food Packages has the potential to increase participants' access to fruits and vegetables. For example, in the Calaveras County WIC Fruit and Vegetable Project, Mom and Pop stores actually increased the variety of fruits and vegetables available for sale as a result of the WIC fruit and vegetable voucher.

**Whole grains.** We strongly support the emphasis on whole grains in the revised food packages. Those changes will help WIC participants to consume more whole grains as recommended by the *Dietary Guidelines*.

We recommend that USDA replace its proposed definition of whole grains and replace it with one based on the definition from the HealthierUS School Challenge. We recommend that whole grain WIC cereals and bread meet one of the following standards:

- The product must be whole grain according to a Standard of Identity;
- The ingredient statement on the label must list a whole grain as the first ingredient;
- Where the first listed ingredient is not identified clearly as a whole grain (for example, the first ingredient is "corn"), documentation must be obtained from the manufacturer that the first listed grain ingredient is whole grain;
- If the first listed ingredient is not whole grain, the product can be considered whole grain if the other whole grain ingredients, including bran, together

- comprise at least 51% of the weight of the product; for such products, documentation must be obtained from the manufacturer; or
- If the label carries the whole grain health claim (“diets rich in whole grain foods and other plant foods and low in total fat, saturated fat, and cholesterol may help reduce the risk of heart disease and certain cancers”) on its product label, no further documentation is required.

Also, we support retaining the proposed limit on sugars in WIC cereals. Even with USDA’s proposed limit on sugars and the definition for whole grains proposed above, there will be plenty of cereal options available to WIC participants. In October 2006, one large grocery store (Safeway) in Washington, D.C. had 95 cereals for sale that met both the whole grains definition above and USDA’s proposed limit on sugars. Those criteria also will provide an incentive for companies to introduce new products and reformulate existing products, which would make it easier for WIC participants to increase their intake of whole grains and decrease their intake of sugars, as recommended in the *Dietary Guidelines*.

This is important because whole-grain intake is of particular concern among the WIC-eligible population. Among low-income individuals, intakes of whole grains are 40% lower than the intakes of individuals with high incomes and levels of education.<sup>3</sup>

Consumption of whole grains is associated with lower risk of type 2 diabetes,<sup>4</sup> coronary heart disease,<sup>5</sup> ischemic stroke,<sup>6</sup> and weight gain.<sup>7,8</sup> Whole grains contain fiber, antioxidants, and the components of antioxidant enzymes such as selenium, copper, and manganese that may help to prevent disease.

We support allowing soft corn or whole wheat tortillas as an alternative to whole grain bread. However allowing only tortillas with no added fat or oils is too restrictive. We recommend allowing tortillas that are low in saturated fat and contain less than 0.5 g trans fat per serving.

**Breastfeeding.** We support USDA’s proposed revisions to the WIC food packages to provide greater incentive for breastfeeding. According to the USDA, breastfeeding is associated with decreased incidence of lower respiratory infection, otitis media, diarrhea, bacterial meningitis, necrotizing enterocolitis, and urinary tract infection and it may enhance cognitive development.<sup>9</sup> In addition, higher breastfeeding rates among WIC participants would likely decrease the costs of providing infant formula through the WIC Program. In 1993, the General Accounting Office (now known as the Government Accountability Office) estimated that a 10-percent increase in breastfeeding rates within the WIC Program would yield \$408,000 in annual savings.<sup>10</sup>

**Cultural and taste preferences.** We support the proposed rule’s inclusion of a greater variety of options throughout the food packages to promote greater acceptability of WIC foods by participants.

Overall, we strongly support USDA’s proposed rule for updating the WIC food packages. The proposed changes will better support WIC participants’ efforts to eat healthfully and comply

with the *Dietary Guidelines*. We urge USDA to publish the final rule promptly, by spring 2007 at the latest, to bring these improvements to WIC participants as soon as possible.

Sincerely,

John Weidman  
Deputy Executive Director  
The Food Trust

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<sup>1</sup> U.S. Department of Health and Human Services and U.S. Department of Agriculture. *Dietary Guidelines for Americans, 2005*. 6<sup>th</sup> Edition, Washington, D.C.: U.S. Government Printing Office, January, 2005.

<sup>2</sup> Cotton P, Subar A, Friday J, Cook A. "Dietary Sources of Nutrients among U.S. Adults, 1994-1996." *Journal of the American Dietetic Association* 2004, vol. 104, pp. 921-930.

<sup>3</sup> Putnam J, Allshouse J, and Kantor L. "U.S. per Capita Food Supply Trends: More Calories, Refined Carbohydrates, and Fats." *FoodReview* 2002, vol. 25, pp. 2-15.

<sup>4</sup> Fung T, Hu F, Pereira M, Liu S, Stampfer M, Colditz G, and Willett W. "Whole-Grain Intake and the Risk of Type 2 Diabetes: a Prospective Study in Men." *American Journal of Clinical Nutrition* 2002, vol. 76, pp. 535-540.

<sup>5</sup> Liu S, Stampfer M, Hu F, Giovannucci E, Rimm E, Manson J, Hennekens C, and Willett W. "Whole-Grain Consumption and Risk of Coronary Heart Disease: Results from the Nurses' Health Study." *American Journal of Clinical Nutrition* 1999, vol. 70, pp. 412-19.

<sup>6</sup> Liu S, Manson J, Stampfer M, Rexrode K, Hu F, Rimm E, and Willett W. "Whole Grain Consumption and Risk of Ischemic Stroke in Women." *Journal of the American Medical Association* 2000, vol. 284, pp. 1534-1540.

<sup>7</sup> Ludwig D, Pereira M, Kroenke C, Hilner J, Van Horn L, Slattery M, and Jacobs D. "Dietary Fiber, Weight Gain, and Cardiovascular Disease Risk Factors in Young Adults." *Journal of the American Medical Association* 1999, vol. 282, pp. 1539-1546.

<sup>8</sup> Liu S, Willett W, Manson J, Hu F, Rosner B, and Colditz G. "Relation between Changes in Intakes of Dietary Fiber and Grain Products and Changes in Weight and Development of Obesity among Middle-Aged Women." *The American Journal of Clinical Nutrition* 2003, vol. 78, pp. 920-927.

<sup>9</sup> Weiner J. Food and Rural Economics Division, Economic Research Service, USDA. *The Economic Benefits of Breastfeeding: A Review and Analysis*. Washington, D.C.: USDA, 2001.

<sup>10</sup> U.S. General Accounting Office (GAO). *Breastfeeding: WIC's Efforts to Promote Breastfeeding Have Increased*. Washington, D.C.: GAO, 1993.

**PI-127**

email to wichq-sfpd 11-06-06 from WIC [east02@netnet.net]

Docket ID Number 0584-AD77

WIC Food Packages Rule

Hunger Task Force, Milwaukee, Wisconsin

October 26, 2006

Hunger Task Force, Wisconsin's leading anti-hunger advocacy organization, applauds the proposed changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package published in the Federal Register on August 7, 2006. The new package, long overdue and incorporating over 25 years of growth in medical and scientific knowledge, is in line with the 2005 Dietary Guidelines for Americans and the current infant feeding practice guidelines of the American Academy of Pediatrics. Moreover, the Institute of Medicine (IOM) places the new recommendations well within scientifically established nutrition requirements for WIC populations, both for nutrients that are shown to be inadequate in the diet and for nutrients that currently place participants at risk for excessive intake.

Hunger Task Force supports the majority of the food package recommendations, but it has some concerns about the effect of the new breastfeeding requirements on the food security of 1) mothers who can only breastfeed their infants one or two times per day (because they work or attend school) and 2) partially breastfed infants whose food packages are reduced because of circumstances over which they have no control. Overall, Hunger Task Force advocates for the following in regard to the new WIC food package:

1.) The addition of foods that support current nutritional science and that provide participants choice and culturally sensitive options:

- \* fruits and vegetables vouchers for both women and children

We do, however, urge the USDA to work with Congress to increase the voucher amounts from \$8 for WIC mothers and \$6 for children to the amounts proposed by the Institute of Medicine's (IOM) Report, \$10 for WIC mothers and \$8 for children.

- \* baby foods, including meats, fruits and vegetables for all infants 6-11 months of age

- \* alternatives to milk, including calcium-set tofu, and calcium and vitamin fortified soy beverage

However, we urge the levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving be adopted as the minimum standard for calcium-fortified soy-based beverages, in line with what is currently available on the market.

We also urge waiver of the medical documentation requirement for children to receive soy beverages.

- \* canned or dried legumes and canned beans or peas as an alternative to legumes

- \* additional canned fish choices (salmon, sardines)

- \* whole wheat bread or other whole grain options

2.) Reductions in the amounts of some food based on current nutritional science and concern over the alarming growth in childhood obesity:

- \* the quantity of eggs

- \* milk and the fat content of milk for children and women

- \* cheese

- \* juice for children and women

3.) We do not support the recommendation to pilot test the food package for partially breastfeeding women, seeing this as an unnecessary postponement in implementation that may lead women to elect to formula-feed their infant. We believe the food package should be implemented without this delay.

4.) We support, in principle, the initiative to encourage breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the child's first birthday. However, we believe that denying a food package to mothers six-month post partum who request more than half the amount of formula allowed for a fully formula-fed infant and providing decreased food benefits to infants who are not fully breastfed is not a viable incentive for achieving this goal. Life situations facing low-income mothers may explain much of the lag of WIC mothers in progress toward meeting the breastfeeding objectives of Healthy People 2010, not the motivation of the mother.

We request the USDA to give consideration to the economic work realities of low-income women. Work requirements make breastfeeding difficult, if not impossible. In this case, the new rules, designed to support and encourage breastfeeding may instead provide a barrier to low-income working women who desire to breastfeed their infants at least part of the time. Data released by the National Women's Law Center reveal that:

- \* Nearly 2/3 of women with children under age 6 are in the labor force, and 2/3 of those women are working full time.

- \* The Family and Medical Leave Act allows a worker to take leave for up to 12 weeks for the birth or adoption of a child, but it doesn't require paid leave and doesn't apply to employers with fewer than 50 employees.

- \* Three out of four single mothers are in the workforce and three-quarters of that group work full-time.

- \* Over one-third (36 percent) of single-mothers are poor. The percentage of African-American and Hispanic single-mother families living in poverty is even higher (42 percent and 45 percent, respectively).

- \* Two-thirds of workers over age 16 who work at or below the minimum wage are women. The buying power of the federal minimum wage (\$5.15/hr) is at its lowest level in 51 years.

- \* For a woman supporting herself and two children, living on the minimum wage puts her family 20 percent below the poverty level.

Both TANF legislation and The Family and Medical Leave Act work against the goal of full breastfeeding on the part of low-income mothers. Low wage jobs do not provide



places to breastfeed and do not provide workers time off to breastfeed. Until, or unless organizations and businesses accommodate women on the job, full breastfeeding is not a realistic goal.

Furthermore, the Centers for Disease Control and Prevention report that when teens give birth, their future prospects decline. Teen mothers are less likely to complete high school and are more likely to live in poverty than other teens.

([www.cdc.gov/reproductivehealth/AdolescentReporHealth/index.htm](http://www.cdc.gov/reproductivehealth/AdolescentReporHealth/index.htm).) The proposed WIC food package may put teen mothers in a situation of making a choice between attending school and only breastfeeding once or twice a day, and not attending school so that they can fully breastfeed.

The provision of the new food package that drops women from WIC for breastfeeding when they request more than half the amount of formula allowed for a fully formula-fed infant places these women at risk. The incidence of food insecurity in the United States has increased in the last five years to 11.9 percent (2004). One third of female headed households with children under 18 report being food insecure.

A study in 2002 of the Wisconsin WIC population identified that:

- \* 44 percent of WIC families surveyed were identified as food insecure
- \* 19 percent of WIC families surveyed were identified as food insecure with hunger
- \* 45 percent indicated that the food they bought did not last and they did not have money to buy more food
- \* 42 percent indicated they could not afford to eat balanced meals

In addition, research now indicates that the prevalence of obesity among women increases as food insecurity increases (Townsend, Peerson, Bove, J Nutr 2001;131:1738-1745). Increased obesity places food insecure women at greater medical risk.

The proposal to deny a WIC food package for women unable to breastfeed at least half the time, places these women in greater risk of food insecurity and runs counter to the overall goal of the WIC program to safeguard the health of low-income women who are at nutritional risk. It also runs counter to the original intent of the WIC regulation at Sec. 246.2 that recognizes the benefit to be gained by the practice of feeding a mother's breast milk to her infant(s) on the average of at least once per day. That definition recognizes that any breastfeeding, even if only on an average of once a day, provides some immunological and nutritional benefits that would otherwise not be provided to an infant. We see the denial of a food package to women who can only breastfeed their infants one or two times a day as a step backwards for the WIC program.

5.) Likewise, providing less nutritional assistance in the form of fruits, vegetables and meats for the non-breastfed and partially breastfed infant between the ages of 6 and 11 months jeopardizes the nutritional health of an infant for a breastfeeding decision on the part of the mother that may be determined solely by the mother's employment demands.

In adoption of the new food package, consideration must be given to the reality that the new package may represent a choice between full breastfeeding for a few and no breastfeeding for many. Support of some breastfeeding, even if it is only in the morning before work and once again in the evening may be preferable to cutting a woman off completely from WIC support, and decreasing greatly the support provided her infant if economic necessity leads to breastfeeding practice that does not measure up to the standard set by the new regulation.

6.) Finally, we support options that allow state flexibility in the administration of the program:

- \* an option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM Report
- \* discretion to determine the dollar denomination of the fruit and vegetable cash-value vouchers
- \* discretion to determine the minimum vendor stocking requirements for fruits and vegetables
- \* flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations
- \* the ability to utilize existing Farmers' Market Nutrition Program vendor certification and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program
- \* the ability to propose food substitutions to keep pace with rapid changes in the food industry, science, demographics and other factors in today's environment

Hunger Task Force thanks the USDA for proposing these long awaited reforms. We urge timely passage of these regulations by the spring of 2007 in the interest of the nutritional needs of our nation's most vulnerable women, infants and children. These regulations, with the exceptions mentioned above, represent a major policy initiative to improve food security, address obesity and help low-income families to make healthier food choices.

PI-128

From: Matt Ruscigno [mattruscigno@gmail.com]  
Sent: Monday, October 30, 2006 6:14 PM  
To: WICHQ-SFPD  
Subject: Docket ID Number 0584-AD77, WIC Food Packages Rule

October 30th, 2006

Ms. Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Services  
U.S. Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, Virginia 22302

RE: Comments on WIC Food Packages Proposed Rule, Docket ID Number 0584-AD77.

Dear Ms. Daniels,

Thank you for the opportunity to provide comments on the USDA's proposed regulations that substantially revise the WIC Food Packages. On behalf of California Nutrition Network, Los Angeles Trade Tech Community College, which provides nutrition education in Food Stamp eligible populations, I am pleased to support most of these long-awaited reforms. I believe that, when implemented, they will greatly strengthen the WIC program's ability to improve the nutrition and health status of millions of families.

1. Fruits and Vegetables. I strongly support providing 8.2 million WIC mothers and young children with cash-value vouchers to purchase fruits and vegetables, as recommended by the Institute of Medicine's (IOM) Report. While the IOM recommended \$10/ and \$8/month vouchers, the proposed rule reduced this amount to \$8/ and \$6/month. I urge USDA to work with Congress to secure increased federal funding in future years to bring the cash value of these vouchers up to the IOM-recommended levels. This will better assist WIC families to purchase and consume fruits or vegetables each day.

2. Other Positive Changes Will Improve Dietary Intake. I support the proposals to reduce the amount of certain foods (milk, cheese, eggs, and juice) in order to better align WIC with current Dietary Guidelines and recommendations from the American Academy of Pediatrics. In particular:

The provision of whole grain and soy options will allow WIC to better serve California extremely diverse young families. The change in policy to allow women to replace dairy milk with soy milk will help WIC reach more families and to allow for greater flexibility. Unfortunately, the changes submitted by the Institute of Medicine still would require a medical prescription for children to receive soy milk. Removing the requirement for

women, but maintaining it for children would place unnecessary burden on mothers and would increase state bureaucracy.

Stronger incentives for continued breastfeeding by providing less formula to partially breastfed infants and providing additional quantities/types of food for breastfeeding mothers. To further enhance the food package for fully breastfeeding women, I urge USDA to raise the cash-value vouchers for fruits and vegetables to the original IOM-recommended amount of \$10 per month.

All of these proposed changes will strongly reinforce WIC nutrition education messages, as well as address the cultural food preferences among California's diverse population.

We look forward to working with USDA and the WIC program to implement these excellent food package improvements over the next few years. These changes will be a major policy lever to improve community food security, address the obesity epidemic and help low-income families make healthier food choices. Taken together, this regulatory proposal will ultimately have a positive impact on the health of women, infants and children in California.

Sincerely,

Matthew Ruscigno, MPH, RD  
Nutrition Educator  
LA Trade Tech College Nutrition Network

PI-129

From: WebMaster@fns.usda.gov  
Sent: Wednesday, November 01, 2006 4:53 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Sonia Cotto-Moreno, RD/LD  
EMAIL: sonia.cotto@mail.tmccentral.org  
CITY: Laredo  
STATE: TX  
ORGANIZATION: Texas Migrant Council, Inc.  
CATEGORY: Other  
OtherCategory: Migrant Seasonal Head Start  
Date: November 01, 2006  
Time: 04:52:34 PM

COMMENTS:

Fruits & vegetables should be part of the monthly package for all eligible household members.

Monthly quota of cereals & grains that meet the required fiber source should should also be culturally relevant to the population. Hispanics from different countries have different sources of cereals/grains and and these choices should be available for them.

Calcium rich foods should also be culturally relevant, ie yogurt, soy milk and tofu. During interviews the level of lactose intolerance should be determined before substituting to ensure that eligible children are receiving the source of calcium that they best tolerate.

PI-130

From: no-reply@erulemaking.net  
Sent: Thursday, August 31, 2006 3:47 PM  
To: CNDPROPOSAL  
Subject: Public Submission

Please Do Not Reply This Email.

Public Comments on Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages:=====

Title: Special Supplemental Nutrition Program for Women, Infants and Children (WIC): Revisions in the WIC Food Packages FR Document Number: 06-06627 Legacy Document ID:  
RIN: 0584-AD77  
Publish Date: 08/07/2006 00:00:00  
Submitter Info:

First Name: Kelly  
Last Name: Watters  
Mailing Address: P.O. Box 26727  
City: Tucson  
Country: United States  
State or Province: AZ  
Postal Code: 85726-6727  
Organization Name: Community Food Bank

Comment Info: =====

General Comment:Let me first say that fruits and vegetables are a great addition to the WIC package for both children and breastfeeding moms. These additional supplements will familiarize children with fresh fruits and vegetables from a young age and encourage young mothers to prepare them. As a farmers market supporter, however, I am concerned about the impact that these changes have on the Farmers Market Nutrition program which provides coupons for fruits and vegetables redeemable only at authorized farmers markets. It would be unfortunate that the changes to the WIC program in the inclusion of f & v may undermine the Farmers Market Nutrition Program. There is an opportunity here in that the state agencies can authorize farmers at farmers markets as WIC vendors. Attention must be paid to the existing regulations of FMNP and whether those will apply to the new WIC rules for example at farmers markets, are WIC clients now permitted to buy dried beans, eggs etc. should farmers become authorized WIC vendors in addition to authorized FMNP growers. Also in use of WIC EBT SMART cards, a lot of new immigrants and refugees have difficulty with the debit system whereas actual paper documents are an obvious easy accounting system. Also not all merchants or farmers markets have EBT capability.

Again, this is a great opportunity for increased access to healthy foods which are a lot of times more expensive than processed foods. The proposed changes will involve a lot of education on the part of the clients and the local agencies etc. and should enhance the Farmers Market Nutrition Program not undermine it.

Thank you for considering these comments Sincerely Kelly Watters

PI-135

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 19, 2006 12:37 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Sandra C. Adams  
EMAIL: scadams1@aol.com  
CITY: Baton Rouge  
STATE: Louisiana  
ORGANIZATION: Louisiana Maternal and Child Health Coalition  
CATEGORY: PublicInterest-AdvocacyGroup  
OtherCategory:  
Date: October 19, 2006  
Time: 12:37:07 PM

COMMENTS:

We support the proposed rules and urge their adoption. Providing WIC vouchers for fresh fruits and vegetables is a step that should have been taken years ago. We also support the promostion of breastfeeding. Mothers who are willing to breast feed their newborns should be given every encouragement by WIC.

PI-138

From: WebMaster@fns.usda.gov  
Sent: Monday, October 23, 2006 3:08 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*  
NAME: David Luehr, M.D., past president, Minnesota Medical Association  
EMAIL: davidluehr@yahoo.com  
CITY: Cloquet  
STATE: Minnesota  
ORGANIZATION: Minnesota Medical Association  
CATEGORY: PublicInterest-AdvocacyGroup  
OtherCategory:  
Date: October 23, 2006  
Time: 03:08:23 PM

COMMENTS:

August 14, 2006

Patricia N. Daniels  
Director, Supplemental Food Programs Division Food and Nutrition Service - USDA  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

Dear Ms. Daniels:

The Minnesota Medical Association, a professional organization representing about 10,000 physicians, urges that fruit juice be eliminated from the list of eligible foods in the WIC supplemental nutrition program for women, infants and children and that fruit and vegetables be added.

It is important for federal programs to adopt policies that will help reduce obesity especially in children. The percentage of children aged 6 to 11 who are overweight has more than doubled in the past 20 years and obesity puts children at increased risk for developing high blood pressure, high cholesterol, and type 2 diabetes as well as bone and joint problems, shortness of breath, sleep apnea and depression.

Currently, any adult or infant fruit and/or vegetable juice or juice blends (e.g., orange, grapefruit, apple, grape, pineapple, tomato, cran-apple) are WIC-eligible. Fruits are not WIC-eligible.

The only vegetables that are WIC-eligible are "mature dry beans or peas (e.g., lentils, black, navy, kidney, garbanzo, soy, pinto, and mung beans; Crowder, cow, split and black-eyed peas)" and fresh, raw or frozen carrots.

MMA physicians believe that the WIC program should encourage families to eat fruits and vegetables every day and to limit their consumption of fruit juice in order to prevent obesity.

Almost 80 percent of young people do not eat the recommended number of servings of fruits and vegetables, according to the Centers for Disease Control.

The Institute of Medicine's final report on WIC food packages "Time for a Change," calls for a significant improvement. The IOM's recommended revised food package for young children would match current recommendations from the American Association of Pediatrics. Juice would be limited to about 4 oz. a day



and a cash value voucher would allow the purchase of whole fruits and vegetables.

The MMA strongly supports this change but urges the Dept. of Agriculture to go even further and entirely eliminate juice from the list of WIC-eligible foods.

MMA physicians believe that the consumption of fruit juice contributes to obesity in children. Fruit juice tastes good and can easily be sipped throughout the day, adding to calorie consumption. According to the American Academy of Pediatrics, fruit juice offers no nutritional advantage over whole fruit and lacks the fiber of whole fruit. Kilocalorie for kilocalorie, fruit juice can be consumed more quickly than whole fruit.

The MMA urges the Dept. of Agriculture to take this important step to reduce obesity in children.

Sincerely,

David Luehr, M.D.  
President  
Minnesota Medical Association

PI-141

From: WebMaster@fns.usda.gov  
Sent: Thursday, October 26, 2006 12:14 PM  
To: WICHQ-SFPD  
Subject: RevisionstoWICFoodPackages-Proposed Rule

\*\*\*\*\*

NAME: Bridget Holcomb  
EMAIL: bridget@illinoisstewardshipalliance.org  
CITY: Rochester  
STATE: IL  
ORGANIZATION: Illinois Stewardship Alliance  
CATEGORY: PublicInterest-AdvocacyGroup  
OtherCategory:  
Date: October 26, 2006  
Time: 12:13:45 PM

COMMENTS:

I am writing to offer the support of the Illinois Stewardship Alliance for the revisions in the WIC food packages as proposed by USDA. These changes will fit together well with the Farmers Market Nutrition Program. To make sure that these changes are as effective as possible, both programs need to be fully funded and have procedures that support each other.

Getting fresh fruits and vegetables to WIC participants would be further facilitated by broadening the category of vendors allowed to accept WIC, not just vendors who carry a full-range of WIC food package products. This would also help smaller grocery stores as well as seasonal farmers markets.

Also, smaller denominations would facilitate buying fruits and vegetables from farmers markets. Fruits and vegetables should be in denominations of \$1.00.

**PI-142**

**10-30-06 email from Marcia Scheideman [MScheideman@wheatfoods.org]**

**Marcia Scheideman, MS, RD, CFCS**

President

Wheat Foods Council

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Patricia N. Daniels, Director  
Supplemental Food Programs Division  
Food and Nutrition Service  
United States Department of Agriculture  
3101 Park Center Drive  
Room 528  
Alexandria, VA 22302

**RE: Docket No. 0584-AD77; WIC Food Packages Rule**

Dear Director Daniels:

The Wheat Foods Council (WFC) is a non-profit organization formed in 1972 to help increase public awareness of grains, complex carbohydrates and fiber as essential components of a healthy diet. The Council is supported voluntarily by wheat producers, millers, bakers and related industries.

Wheat Foods Council applauds the United States Department of Agriculture (USDA) for taking an important step forward in the proposed changes to the WIC food package. These long-awaited changes include the much needed addition of whole grains, fruits and vegetables to the package. These changes increase the nutritional value of the food package and allow for more choices that appeal to diverse cultures represented in this population.

However, the food packages proposed by USDA reflect many, but not all, of the changes outlined by the Institute of Medicine (IOM). USDA's application of the cost-neutrality principle is forcing cuts that reduce or eliminate some key IOM recommendations including:

- The IOM defines a product as whole grain if 51% of the grain is whole grain. The proposed food package changed this to 51% of the entire product. We believe this to be too restrictive, eliminating many perfectly healthy bread products. Due to the high water content of bread,

restricting acceptable items to 51% of ingredients imposes an undo burden on both consumer and the industry. We believe that 8 grams of whole grain per labeled serving will yield a dietarily significant amount of whole grain and therefore we suggest it as a minimum. As you know, USDA/FSIS has established an 8 gram per labeled serving as an appropriate label. This will help participants unaccustomed to whole grain foods to transition to acceptance of whole grains. It will also provide consistency between government agencies.

Research tells us that the benefit derived from consumption of whole grain products comes from the total amount consumed, not the level of any one food product. Therefore it is not necessary to consume only 100% whole grain products. For all these reasons we recommend a minimum of 8 grams whole grain per labeled serving of bread.

Since our ultimate goal is for WIC participants to continue to consume whole grains once they move off the program, products containing less than 100% whole grains are more practical since they are usually less expensive.

- The recommendation of one pound of whole grain bread for adults and two pounds of whole grain bread for children falls short of the amounts recommended in the 2005 Dietary Guidelines for Americans. A pound of whole grain purchased as bread provides approximately 16 slices or about 11 forty-gram servings of whole grain. The Dietary Guidelines say:
  - Children 2-3 years old need 1.5 servings of whole grain daily (45-48/month). Two pounds would provide 22-34 servings
  - Children 4-5 years old need 2-2.5 servings whole grain daily (60-75/month). Two pounds would provide 22-34 servings.
  - Women should have three or more whole grain servings daily (90-93/month)

Given that these may be the only whole grains in the diet of WIC participants, it is reasonable to expect WIC foods contain more of the whole grains needed to meet recommended amounts.

- Another concern is the appropriateness of the one-pound increment. Oatmeal normally comes in an 18-ounce carton, whole grain bread loaves weigh over one pound. It is important that a wide range of readily available foods be included. We recommend increasing the one pound increment to two 24 ounce loaves for both women and children.
- All whole grain products should be allowed in the WIC program in an effort to be inclusive of a variety of cultural eating practices. These products are preferred grains by some immigrants and ethnic populations.

These include: whole grain wheat, whole grain corn, whole grain oats (oatmeal), brown rice, whole grain bulgur, whole wheat pasta, wild rice, whole grain barley. In addition, the pseudo cereals amaranth, buckwheat and quinoa have similar whole grain benefits.

We also advocate the inclusion of all soft (not fried) whole grain tortillas in the WIC food package. Allowing only tortillas made with no added fat severely limits the choices available. While corn has sufficient inherent oil to meet this standard, whole wheat tortillas and multi-grain tortillas need added fat to make an acceptable product. Fat is important for processing (dough flow/mobility) and storage stability (minimizes cracking). Increasing the availability of the products in the package will increase the amount of whole grains consumed which is our goal.

As you are well aware, folic acid is a nutrient of concern in this population. . We understand that this is a supplemental program and many enriched and fortified products can be obtained through other means. Broadening, rather than narrowing the choices available in the cereal category to include rice, corn and cream of wheat is consistent with the goals of the WIC program. A number of rice- and corn based ready to eat cereals currently meet WIC criteria because they are limited in sugar and provide substantial amounts of iron. They also are excellent sources of many vital nutrients which the US Dietary Guidelines specifically identify as relevant to women and children. These cereals, which by their nature are not well-suited for reformulation into whole grain foods and which are already widely established and accepted in the WIC program, should remain an option in the WIC program. These are nutritious cereal choices for children and readily accepted by this population.

In summary, the proposed rule makes important steps toward a healthier WIC food package and WFC supports the improvements in the package. In addition, we urge USDA to find ways to restore the other IOM recommendations and remove barriers to implementation. In short, please consider:

- Use the criteria for acceptable whole grain breads as an 8 gram minimum per serving
- Increase the amount of whole grain products in the package to more closely align with dietary recommendations
- Revise the one pound increments to 24 ounces
- Broaden acceptable whole grain alternatives
- Allow low sugar, high iron rice, corn and wheat based cereals

Thank you for the opportunity to comment on this proposed WIC food package and for your consideration of this matter.

Sincerely,

Marcia Scheideman, MS, RD, CFCS  
President  
Wheat Foods Council

PI-144

10-26-06 email from Susan Moeser [susan@hungertaskforce.org]

Docket ID Number 0584-AD77  
WIC Food Packages Rule

Hunger Task Force, Milwaukee, Wisconsin  
October 26, 2006

Hunger Task Force, Wisconsin's leading anti-hunger advocacy organization, applauds the proposed changes to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) food package published in the Federal Register on August 7, 2006. The new package, long overdue and incorporating over 25 years of growth in medical and scientific knowledge, is in line with the *2005 Dietary Guidelines for Americans* and the current infant feeding practice guidelines of the American Academy of Pediatrics. Moreover, the Institute of Medicine (IOM) places the new recommendations well within scientifically established nutrition requirements for WIC populations, both for nutrients that are shown to be inadequate in the diet and for nutrients that currently place participants at risk for excessive intake.

Hunger Task Force supports the majority of the food package recommendations, but it has some concerns about the effect of the new breastfeeding requirements on the food security of 1) mothers who can only breastfeed their infants one or two times per day (because they work or attend school) and 2) partially breastfed infants whose food packages are reduced because of circumstances over which they have no control. Overall, Hunger Task Force advocates for the following in regard to the new WIC food package:

1.) The addition of foods that support current nutritional science and that provide participants choice and culturally sensitive options:

- fruits and vegetables vouchers for both women and children  
We do, however, urge the USDA to work with Congress to increase the voucher amounts from \$8 for WIC mothers and \$6 for children to the amounts proposed by the Institute of Medicine's (IOM) Report, \$10 for WIC mothers and \$8 for children.
- baby foods, including meats, fruits and vegetables for all infants 6-11 months of age
- alternatives to milk, including calcium-set tofu, and calcium and vitamin fortified soy beverage  
However, we urge the levels of 6.25 grams of protein and 250 milligrams of potassium per 8 ounce serving be adopted as the minimum standard for calcium-fortified soy-based beverages, in line with what is currently available on the market.  
We also urge waiver of the medical documentation requirement for children to receive soy beverages.
- canned or dried legumes and canned beans or peas as an alternative to legumes
- additional canned fish choices (salmon, sardines)

- whole wheat bread or other whole grain options
- 2.) Reductions in the amounts of some food based on current nutritional science and concern over the alarming growth in childhood obesity:
- the quantity of eggs
  - milk and the fat content of milk for children and women
  - cheese
  - juice for children and women
- 3.) We do not support the recommendation to pilot test the food package for partially breastfeeding women, seeing this as an unnecessary postponement in implementation that may lead women to elect to formula-feed their infant. We believe the food package should be implemented without this delay.
- 4.) We support, in principle, the initiative to encourage breastfeeding for the first six months and continued breastfeeding, with appropriate complementary foods, until the child's first birthday. However, we believe that denying a food package to mothers six-month post partum who request more than half the amount of formula allowed for a fully formula-fed infant and providing decreased food benefits to infants who are not fully breastfed is not a viable incentive for achieving this goal. Life situations facing low-income mothers may explain much of the lag of WIC mothers in progress toward meeting the breastfeeding objectives of Healthy People 2010, not the motivation of the mother.

We request the USDA to give consideration to the economic work realities of low-income women. Work requirements make breastfeeding difficult, if not impossible. In this case, the new rules, designed to support and encourage breastfeeding may instead provide a barrier to low-income working women who desire to breastfeed their infants at least part of the time. Data released by the National Women's Law Center reveal that:

- Nearly 2/3 of women with children under age 6 are in the labor force, and 2/3 of those women are working full time.
- The Family and Medical Leave Act allows a worker to take leave for up to 12 weeks for the birth or adoption of a child, but it doesn't require paid leave and doesn't apply to employers with fewer than 50 employees.
- Three out of four single mothers are in the workforce and three-quarters of that group work full-time.
- Over one-third (36 percent) of single-mothers are poor. The percentage of African-American and Hispanic single-mother families living in poverty is even higher (42 percent and 45 percent, respectively).
- Two-thirds of workers over age 16 who work at or below the minimum wage are women. The buying power of the federal minimum wage (\$5.15/hr) is at its lowest level in 51 years.
- For a woman supporting herself and two children, living on the minimum wage puts her family 20 percent below the poverty level.

Both TANF legislation and The Family and Medical Leave Act work against the goal of full breastfeeding on the part of low-income mothers. Low wage jobs do not provide places to



breastfeed and do not provide workers time off to breastfeed. Until, or unless organizations and businesses accommodate women on the job, full breastfeeding is not a realistic goal.

Furthermore, the Centers for Disease Control and Prevention report that when teens give birth, their future prospects decline. Teen mothers are less likely to complete high school and are more likely to live in poverty than other teens. ([www.cdc.gov/reproductivehealth/AdolescentReporHealth/index.htm](http://www.cdc.gov/reproductivehealth/AdolescentReporHealth/index.htm).) The proposed WIC food package may put teen mothers in a situation of making a choice between attending school and only breastfeeding once or twice a day, and not attending school so that they can fully breastfeed.

The provision of the new food package that drops women from WIC for breastfeeding when they request more than half the amount of formula allowed for a fully formula-fed infant places these women at risk. The incidence of food insecurity in the United States has increased in the last five years to 11.9 percent (2004). One third of female headed households with children under 18 report being food insecure.

A study in 2002 of the Wisconsin WIC population identified that:

- 44 percent of WIC families surveyed were identified as food insecure
- 19 percent of WIC families surveyed were identified as food insecure with hunger
- 45 percent indicated that the food they bought did not last and they did not have money to buy more food
- 42 percent indicated they could not afford to eat balanced meals

In addition, research now indicates that the prevalence of obesity among women increases as food insecurity increases (Townsend, Peerson, Bove, *J Nutr* 2001;131:1738-1745). Increased obesity places food insecure women at greater medical risk.

The proposal to deny a WIC food package for women unable to breastfeed at least half the time, places these women in greater risk of food insecurity and runs counter to the overall goal of the WIC program to safeguard the health of low-income women who are at nutritional risk. It also runs counter to the original intent of the WIC regulation at Sec. 246.2 that recognizes the benefit to be gained by the practice of feeding a mother's breast milk to her infant(s) on the average of at least once per day. That definition recognizes that any breastfeeding, even if only on an average of once a day, provides some immunological and nutritional benefits that would otherwise not be provided to an infant. We see the denial of a food package to women who can only breastfeed their infants one or two times a day as a step backwards for the WIC program.

5.) Likewise, providing less nutritional assistance in the form of fruits, vegetables and meats for the non-breastfed and partially breastfed infant between the ages of 6 and 11 months jeopardizes the nutritional health of an infant for a breastfeeding decision on the part of the mother that may be determined solely by the mother's employment demands.

In adoption of the new food package, consideration must be given to the reality that the new package may represent a choice between full breastfeeding for a few and no breastfeeding for many. Support of some breastfeeding, even if it is only in the morning before work and once again in the evening may be preferable to cutting a women off completely from WIC support,

and decreasing greatly the support provided her infant if economic necessity leads to breastfeeding practice that does not measure up to the standard set by the new regulation.

6.) Finally, we support options that allow state flexibility in the administration of the program:

- an option to provide the breastfeeding infant, in the first month, with 1) no formula, or 2) one can of powdered formula as recommended in the IOM Report
- discretion to determine the dollar denomination of the fruit and vegetable cash-value vouchers
- discretion to determine the minimum vendor stocking requirements for fruits and vegetables
- flexibility to promote produce selections that are locally accessible, culturally appropriate, affordable, and practical for various household situations
- the ability to utilize existing Farmers' Market Nutrition Program vendor certification and coupon redemption procedures for authorizing Farmers' Markets to participate in the WIC fruit and vegetable cash-value voucher program
- the ability to propose food substitutions to keep pace with rapid changes in the food industry, science, demographics and other factors in today's environment

Hunger Task Force thanks the USDA for proposing these long awaited reforms. We urge timely passage of these regulations by the spring of 2007 in the interest of the nutritional needs of our nation's most vulnerable women, infants and children. These regulations, with the exceptions mentioned above, represent a major policy initiative to improve food security, address obesity and help low-income families to make healthier food choices.



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*Producing ... a healthy future*

PI-145

email 10/26/06 from Barbara T. Boyce [bboyce@pbhfoundation.org]

October 25, 2006

Ms. Patricia Daniels  
Director, Supplemental Food Programs Division  
Food and Nutrition Service, U. S. Department of Agriculture  
3101 Park Center Drive, Room 528  
Alexandria, VA 22302

RE: Docket ID Number 0584-AD77, WIC Food Packages Proposed Rule

Dear Ms. Daniels:

I am writing to strongly **support the WIC Food Packages Proposed Rule** calling for the addition of fruits and vegetables to the WIC food packages. I commend the Food and Nutrition Service (FNS) for proposing important changes to the WIC food packages that are more consistent with current dietary guidance such as the *2005 Dietary Guidelines for Americans*. As an individual dedicated to promoting increased fruit and vegetable consumption, I applaud the agency for providing WIC mothers and children with fruit and vegetable options through the use of vouchers that can be used to purchase all types of fruits and vegetables.

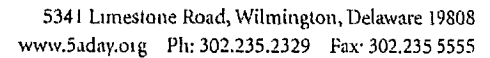
As you proceed through the rulemaking process, please consider the following suggestions:

Follow Institute of Medicine's Recommendations

Given that many WIC participants – and most Americans consume less than one half of the fruits and vegetables recommended in the *2005 Dietary Guidelines for Americans*, WIC can play an important role in helping Americans meet these guidelines. Adding more fruits and vegetables to the WIC food packages is especially critical to encouraging infants (through the addition of infant food fruits and vegetables), young children, and moms to establish positive dietary patterns conducive to good health. A diet rich in fruits and vegetables decreases the risk of high blood pressure, heart disease and certain cancers.

Because of the importance of increasing fruit and vegetable consumption, I strongly encourage FNS to follow the recommendations of the Institute of Medicine's (IOM) Report: "WIC Food Packages: Time for a Change" and provide WIC moms and children with a \$10/month and \$8/month, respectively, cash-value voucher for fruits and vegetables. These amounts will help moms and kids eat at least one additional serving of fruit or vegetable each day – an important objective of the IOM.







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*10/11/07 10:00 AM*

We support USDA's proposal as noted in Section V. Subsection T (2), "General Provisions that Affect All WIC Food Packages" that prohibits categorical nutrition tailoring, but continues to allow individual nutrition tailoring. The current policy that allows categorical nutrition tailoring has given State WIC agencies the authority to make across the board cuts in specific items in the food packages. Given that the proposed food packages are to be provided in full and address the key nutritional needs of the target population, categorical nutrition tailoring is no longer necessary, and if allowed, may compromise the health and well being of WIC moms and children. Categorical tailoring may also result in State WIC agencies reducing the cash-value of the fruit and vegetable vouchers to be offered in the new WIC food packages. We commend USDA for building in protections that safeguard the nutritional value of the new food packages for all participants by prohibiting state level cuts to specific items in the food package.

I commend FNS for developing this proposed rule to more accurately reflect current dietary recommendations, especially in increasing fruit and vegetable consumption for WIC moms and kids. I urge FNS to issue the final rule by spring of 2007.

Sincerely,

Elizabeth Pivonka, Ph.D., R.D.  
President & CEO  
Produce for Better Health Foundation

